



MARYSVILLE POLICE DEPARTMENT Request for Patrol Check



Due to an increase in requests from citizens for patrol checks provided by members of the Marysville Volunteer Program, the following guidelines apply:

- Requested checks from 1 day to 2 weeks: Daily checks and once per weekend if possible
- Requested checks from 2 to 4 weeks: 3 checks per week
- Requested checks longer than 4 weeks: 1 to 2 times per week as time allows

Upon receipt of a completed and signed form, members of the Marysville Volunteer Program will conduct the check and document their results. At the completion of the requested checks, the requestor will receive a copy of the documentation.

House/Business address numbers must be displayed and clearly visible at the location.

Packages delivered during requestor's absence will not be handled or moved by volunteer.

**** If the requestor returns to the residence before the return date listed on the form, the requestor is required to notify the Marysville Police Department immediately so the checks can be stopped.**

THE UNDERSIGNED DOES HEREBY GRANT AND REQUEST THE CITY AND ITS POLICE DEPARTMENT TO VISUALLY CHECK UPON THE PROPERTY LISTED ABOVE.

THE UNDERSIGNED DOES HEREBY AGREE TO HOLD HARMLESS THE CITY, ITS EMPLOYEES AND AGENTS FOR ANY AND ALL CLAIMS FOR PERSONAL INJURY, LOSS OR DAMAGE TO PROPERTY THAT MAY BE SUFFERED BY THE UNDERSIGNED THROUGH ANY ACTION OR LACK THEREOF BY A REPRESENTATIVE TO THE CITY.

FURTHER, THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THIS IS A VOLUNTARY, FREE SERVICE, DOES NOT CREATE A SPECIAL DUTY UPON THE CITY, WILL BE PROVIDED ONLY AS TIME IS AVAILABLE, AND NO GUARANTEE IS MADE NOR ASSURANCE GIVEN AGAINST LOSS, THEFT OR DAMAGE TO PREMISES.

Signed this _____ day of _____ 20____

By (Print Name) _____ (Signature) _____

Address _____

Marysville Volunteer Program

360-363-8325

1635 Grove St, Marysville, WA 98270

mvp@marysvillewa.gov

Marysville Police Department

360-363-8300



MARYSVILLE POLICE DEPARTMENT
Request for Patrol Check



Departure Date Return Date Event Number _____

Type of Premise (Please Circle) ☆ Residence ☆ Business

Name _____ Home Phone (_____) _____

Address _____ Cell Phone (_____) _____

Email _____ Destination of trip _____

Protected by Alarm System? ☆ YES ☆ NO

Lights On? ☆ YES ☆ NO

Mail/Newspaper/Packages stopped? ☆ YES ☆ NO

Number you can be reached at while away () _____

Will anyone be working on or have access to the premises during your absence? ☆ YES ☆ NO

Name _____ Phone (_____) _____ Do they have a key? ☆ YES ☆ NO

Name _____ Phone (_____) _____ Do they have a key? ☆ YES ☆ NO

Emergency Contact: Name _____ Phone (_____) _____

License Plate(s) of Vehicle(s) in driveway Lic# 1 _____ Lic# 2 _____ Lic# 3 _____

Do you have a dog in the yard? ☆ YES ☆ NO Type/Breed _____

***PLEASE WRITE ANY ADDITIONAL INFORMATION WE WOULD NEED ON BACK**

DATE	TIME	COMMENTS	INITIALS